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## PRACTICAL HINTS



POST-OPERATIVE OUT-OF-DOOR TREATMENT OF SURGICAL PATIENTS.—We have been reading and hearing for some time of the hygienic treatment of patients and the application of Nature's own remedies for the prevention and cure of disease. Fresh air and sunshine, formerly so carefully shut out from the sick-room, we now find are the greatest factors in helping us bring our patients over the border-line of disease, not only into health but also comfort. I do not wish to write of this in a general way, for it is nothing new to us. In many hospitals and sanatoriums patients are taken out-of-doors within a day or two following operation. To be taken immediately from the operating-table out-of-doors to recover from the effects of the ether, remaining there for six hours, is, I believe, a new departure. During the service of Dr. Clara Alexander from January until May 1 seventy-five patients were treated in this way. Of this number fifty-four were major operations, both surgical and gynecological.

The patient is taken directly from the operating-table and placed on a cot having a mattress. She is well protected with blankets and long, hot-water bags, the face being left well exposed. She is then carried out-of-doors to an uncovered porch over a porte-cochère. The weather is not considered, the emergency only provided for. Neither do we consider the hour of day or night. If very cold (four degrees above zero was the lowest temperature at which a patient was taken out), more heat is given. If raining or snowing, a rubber sheet is provided. A nurse must also go. She is warmly dressed under her uniform, feet well protected. She wears a warm coat and hood, in wet weather a mackintosh. The record slip is pinned on the bed, the pulse taken at the temple. On one occasion when a violent snow-storm and high wind prevented the usual routine, not but that the patient could have been protected, but the nurse would surely have been blown off the roof, the patient was put in a large ward and the windows opened wide. Should the patient's condition require stimulation by rectum or infusion of salt solution, she is then taken to a ward with windows opened wide. The result in every case is very satisfactory. The patient recovers more rapidly from the ether. There is little or no nausea, and the usual first night of restlessness and wakefulness is one of quiet natural sleep. From the above number treated in this way not one contracted cold, and the nurses did not suffer in any way; on the contrary, I noticed a marked improvement in the general health and appearance of the school.

ANNA C. JAMME,

Superintendent of Nurses, New England Hospital, Boston.

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SOME DIFFICULTIES OF THE PRIVATE NURSE.—It is not easy in dealing with the complex question of the difficulties of private nursing to draw a hard-and-fast line between those which are practical and those which are ethical. The two are more entangled in this branch of the work than in hospital life or district nursing.

A consensus of opinions on practical nursing difficulties would appear to indicate that a thoroughly trained private nurse should know how to meet them. She has not the necessity for inventing ingenious makeshifts demanded of the

district nurse, as the patients able to pay the fees of a private nurse are usually more or less comfortably situated with regard to the ordinary requirements of a sick-room. Still, nurses do encounter cases where from real want of means or from undue economy necessities are not forthcoming.

It is advisable not to be in a hurry in asking for sick-room adjuncts under these circumstances. A judicious pause of twenty-four hours enables the nurse to take in her surroundings and see how matters really stand. Absolute necessities, such as a bed-pan, water-pillow, ice-bag, etc., can be obtained on hire temporarily from a chemist in most places. It is a heavy drain on limited purses to purchase these articles outright when it may happen the case terminates fatally in a few days, and any thus hired can be thoroughly disinfected before use. In preparing for an operation, a nurse should under similar conditions avoid a great outlay in dressings, mackintoshes, etc. It is usually possible to make an arrangement with the chemist to take back unopened packets of wool, etc., should less be required than was anticipated. A case in point may be given of a nurse preparing for an operation in the country who, knowing the operating surgeon preferred flat dishes for his instruments, insisted on a set being procured at the neighboring town. The family remonstrated with the surgeon on the score of expense and trouble, and the nurse lost instead of gaining credit for her well-intentioned efforts—a case of *trop de zèle*.

It is a suggestion for the consideration of nurses who prefer surgical cases whether it is not worth their while to institute a private operation-basket, with a washing lining, in which they can carry receivers, flat dishes similar to those used in photography, for instruments and other necessities for an operation. It need neither be heavy nor expensive; need only contain things which can be readily sterilized, and the comfort of it is untold, especially in emergency cases.

A new fish-kettle is an admirable extempore sterilizer, well cleansed and sterilized itself before being used for towels, etc. It may also be a suggestion worth noting that the water-can and jugs for receiving the boiled water for an operation are previously boiled themselves. A nurse accompanied a surgeon for an operation to a case where instructions had been sent by him beforehand to provide plenty of boiled water. On arrival the water was certainly there, but in the uncleansed family washing-tub, greatly to the dismay of the busy operator, whose time was limited by the railway time-table.

It is not necessary to multiply instances of the need of using what is possible in the house, for, as has been already said, a well-trained nurse knows how to deal with these matters.

But one practical difficulty may confront a nurse in the ordinary middle-class household, where the domestic staff consists of cook and housemaid. The cook may not have the least idea of invalid cookery, and yet diet may be a most important factor in the case. With tact and discretion the nurse should take the bull by the horns and prepare the special dishes herself. It may be said this is stepping out of her province, and that she cannot attend to her patient properly if she is in the kitchen. But to the nurse with the interests of her patient more at heart than her own dignity, it is a more real service to secure digestible nourishment, even by asking the cook to take temporary duty with the patient if necessary, than to let discomfort and distress arise on account of ill-prepared food. No private nurse is really competent for her work who cannot cook, and cook *well*, not only sick-diets, but convalescent dishes. Nurses in America have so appreciated this fact that both classes of cooking are a recognized part of

their training curriculum, ranking with bandaging, bed-making, and other nursing essentials.

A point that appeals to all nurses on private work is the arrangement of the hours for sleep and exercise. It is a really difficult one, and one where hard-and-fast rules are apt to lead to worse difficulties. The *minimum* time "off duty" is undoubtedly eight hours in the twenty-four, and if possible ten.

But the wise nurse who intends to do her best for her patient and puts herself into the position of the friends and their anxiety will avoid making any statement as to "time off" at the beginning of her case. Let her go on duty on her arrival with the air of one who has come to stay, prove herself attentive and sympathetic, wait until she sees what the friends are inclined to propose, instead of suggesting hours herself, and the battle is half won. It is quite true instances occur when, after two days and a night on duty, surprise is expressed if a nurse needs rest, or a nurse may be told "she has come to work and not to sleep." But by waiting a little, not suggesting the point herself, but by letting the friends do so, the eight hours of rest can generally be obtained without friction. In instances of unreasonableness it is well quietly to apply to the doctor, and such an appeal rarely fails. It is impossible at times to leave an acute case, e.g., a pneumonia, for long if there is no one to be responsible, but the nurse must use discretion. If the people are wealthy, a second nurse may be obtained, or a relation may be sent for to render some assistance.

It is a wise plan when nursing an acute case single-handed to leave minute written directions as regards times and quantities of food, medicine, and stimulants when the nurse is off duty. In special cases it may be advisable to measure out the various foods, and insist on that quantity only being given. It gives the friends a pleasing sense of responsibility, to which they respond, and enables the nurse to rest in peace, knowing all reasonable precautions have been taken.

When working with another nurse, the wishes of the patient and the household arrangements should be considered in every way when arranging day and night duty. To rouse the patient early in order that the night nurse may make the morning toilet before she goes off duty is utterly inexcusable. For the night nurse to require a special meal late in the evening is a tax on an ordinary small household. It is mistakes like these that give private nurses a bad name for being selfish and inconsiderate.

It is essential for nurses to look after their health. Due rest and due outdoor exercise are absolutely necessary, and it is often difficult to obtain them. There are two courses to consider—one the soft-hearted want of backbone, that makes a nurse go on without rest because she does not like to offend her employers, until she is worn out and a precedent created for her successors that is difficult to alter. This is not real kindness to any concerned, and to the patient least of all, as an over-tired nurse cannot do her work well. The other is the nurse insisting on hard-and-fast rules, regardless of anyone's convenience but her own. It may certainly secure her bodily rest, but such an attitude of mind slowly but surely wrecks the character, making the welfare of self come before the welfare of those to whom she ministers, and a selfish nurse is one unworthy of the name.

Again, there is sometimes a moral cowardice in speaking either to the friends or to the doctor about unnecessary discomforts. A nurse will complain bitterly of having to sleep on a couch with only a couple of blankets, but she has never represented the discomfort to any of the household while with the case. In some households of small means it may be impossible to provide decent sleeping ac-

commodations, and a nurse who cheerfully makes the best of it under those circumstances is taking the higher part. But to make a grievance when a few tactful words would probably put things straight is wanting in right feeling.

Order, method, and punctuality are essential qualifications for a nurse, but sometimes it is impossible to enforce any of them at a case. Then the nurse should try to follow the Irishman's advice, "Always take things aisy, an' if ye can't take thim aisy, thin take thim as aisy as ye can." There is sound philosophy in that somewhat involved remark when applied to the dealings of a nurse with the many households which she enters.

In conclusion, the question of "difficulties" depends in a large measure on the nurse herself. Some always have "hard cases," and find the paths of life very stony. Others make friends wherever they go, and seem to live in "green pastures." Let every woman determine to master the details of her work, not rest content with merely doing them, but aim at doing them in the best and newest way; let her put her patient's interests first, and yet in a friendly, non-aggressive way secure her own share of rest and sleep; let her be receptive and adaptable, and many, if not all, the difficulties disappear to a vanishing point. Unreasonableness, want of sympathy and consideration, will always be encountered, but the nurse with the higher ideal will not let these put an undue weight upon her as she climbs the too often rugged path of duty.—AMY HUGHES in *Nursing Notes*.

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In clearing up a room that has been occupied by a contagious case what to do with growing plants is often a problem. In warm weather shower well and set out-of-doors for three or four days; but in cold weather the only really safe thing to do is to burn the plant, and either bury the earth or throw it in an out-of-the-way place, where it will be exposed to the sun and air. The leaves of the plant gather dust, and in the dust may be the germs of contagion thrown off from the patient's body.

Remember also that cats and dogs may carry contagion in their hairy coats, which they gather up from the dirt and dust as they run about.

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ORDINARILY very sick patients are wakened at night for nourishment and other treatment. Patients advancing towards convalescence are usually allowed to sleep.

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AFTER abdominal operations an early evacuation of the bowels prevents toxic absorption, relieves thirst, and reduces the pulse and temperature.

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IN epilation, when the hair removed has been near a diseased skin, it (the hair) should be burned immediately and the forceps sterilized.

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CHARACTERISTIC red spots in the mouth should be watched for in measles.

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